

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023824

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 179

Primary Registration District No. 4288

Registrar's No. 95

FILED JUL 11 1962

VS 300
Rev. 4/59

1 0570

2 0570

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4 2

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7 1

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9/21/1

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11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Moscow MillsLength of stay in 1b
2 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ResidenceInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Lincoln

c. CITY OR TOWN Moscow Mills

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
NoneReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Robert Frank Hornbeak4. DATE OF DEATH
Month Day Year
July 5, 19625. SEX
Male6. COLOR OR RACE
Negro7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
8/28/939. AGE (last birthday)
68IF UNDER 1 YEAR
Months Days Hours Min.
IF UNDER 24 HR10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machinist10b. KIND OF BUSINESS OR INDUSTRY
Pullman Company11. BIRTHPLACE (City and state or country)
Centerville, Tenn.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George Hornbeak

13b. MOTHER'S MAIDEN NAME

Anna Ward

14. NAME OF HUSBAND OR WIFE

Mary McAllister Hornbeak

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
George Hornbeak, Moscow Mills, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH
2 weeksConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Aortic regurgitation

2 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-1-60 to 7/5/62 and last saw him alive on 7/5/62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY
Washington Park Cem.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Remper-Marsh Funeral Home, Troy, Mo.

7-7-1962

Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

SEP 7 1962
NOV 1 1962

JUL 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 7-7-62 - C.H.